

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013093

Registration District No.

318

Primary Registration District No. C#19325699

S10034

Registrar's No.

3444

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FILED MAR 28 1963		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY St Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN EAST ST. LOUIS	
Length of stay in 1b 20 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		d. STREET ADDRESS (If outside, give location) 812 MARKET	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ALLEN CANNON			4. DATE OF DEATH Month: MARCH Day: 21 Year: 1963		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/1/03	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months: 6 Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD WORKER		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) LIBERTY, MISS.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME MATHIS CANNON		13b. MOTHER'S MAIDEN NAME IDA JACKSON	
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. -----	
17. INFORMANT FANNIE CANNON, RT. 5, LIBERTY, MISS.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 2 HOURS	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Ischemic Heart Disease		DUE TO (c) 023X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour: a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. VA attended the deceased from 3/1/63 to 3/21/63 and last saw her alive on 3/21/63		Death occurred at 5:45 P M on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert K. Dorton (Degree or title) ROBERT K. DORTON M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 3/22/63		22d. LOCATION (City, town, or county) (State)	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-26-63	23c. NAME OF CEMETERY OR CREMATORY Little Antioch	23d. LOCATION (City, town, or county) Liberty, Mississippi
24. FUNERAL DIRECTOR NASH FUNERAL HOME		25. DATE RECD. BY LOCAL REG. MAR 25 1963	26. REGISTRAR'S SIGNATURE Ed Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. James Nash

Licensed Embalmer No. 4434

P. O. Address 111 N. 13th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.